## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER **AS FILED AFTER** AFTER **AS FILED** 1"AMENDMENT 2 MAMENDMENT · 1 AMENDMENT 2 AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. - -TOTAL IND. TOTAL IND TOTAL DEP TOTAL DEP TOTAL CLAIMS CLAIMS U.S. DEPARTMENT of COMMERCE PTO - 1360 (REV. 11/04)